



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REGENCY HOSPITAL

City of Hospital: Portage, East Chicago

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

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Medicare Provider Number: 15204

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$187774399
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$187774399

2. Deductions From Revenue

Contractual Allowance	\$159804065
Other Deductions	\$549978
Total Deductions	\$160354043

3. Total Operating Revenue

Net Patient Service Revenue	\$27420356
Other Operating Revenue	\$548763
Total Operating Revenue	\$27969119

4. Operating Expenses

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Salaries and Wages	\$14775347	Employee Benefits	\$1872904
Depreciation and Amortization	\$284668	Interest Expense	\$744
Bad Debt	\$0	Other Expenses	\$10382627
Total Operating Expenses	\$27316290		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$652829	Total Assets	\$38790916
Net Non-operating Gains over Loss	\$-174907	Total Liabilities	\$5212939
Total Net Gains	\$477922		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$93966477	\$80906500	\$13059977
Medicaid	\$24489665	\$21379811	\$3109854
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$69318257	\$58067732	\$11250525
Total	\$187774399	\$160354043	\$27420356

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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